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January 23, 2004

To: Supervisor Don Knabe, Chairman
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From: Jon W. Fullinwider
Chief Information Officer

Subject: **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
STATUS REPORT**

This is to provide you with an update on the County's status in complying with the HIPAA Transactions and Code Sets (TCS) rules following the October 16, 2003, compliance deadline. Attachment A (Summary of HIPAA Transactions and Code Sets Status) provides a transaction-by-transaction status of the information summarized below.

Electronic TCS

Federal Readiness

The federal Centers for Medicare and Medicaid Services (CMS) announced in September 2003 that it would implement a contingency plan for Medicare providers to accept paper and non-compliant electronic transactions after the October 16, 2003 compliance deadline. The CMS contingency plan allows Medicare providers and fiscal intermediaries (FI) additional time to complete the TCS testing process.

While the announced CMS contingency plan applies only to Medicare, a relatively small percentage of County health-related claim transactions, it is a significant recognition by CMS and the federal government of the fact that, industry wide, HIPAA TCS compliance would not be achieved by October 16, 2003.

In the days before the October 16th deadline, CMS encouraged providers to intensify their efforts toward achieving transaction and code set compliance. They emphasized their position by saying "Successful contingency planning is an important part of this process and will require the attention and cooperation of all health plans, clearinghouses and of all providers that conduct electronic transactions.

As you develop your contingency plans, ask yourself the following:

- Do you understand CMS's "good faith efforts" guidance on its enforcement approach?
- Have you made reasonable and diligent efforts to become HIPAA compliant?
- Can you provide CMS with documentation of your good faith efforts if a complaint is filed in response to your contingency plan?

CMS is here to help as well. Successful implementation will require the attention and cooperation of the entire health care community."

State of California Readiness

The State of California, in its Medi-Cal Update for October 2003, did not use the words "contingency plan," however; it did provide clear direction that they were planning for a staged implementation of the HIPAA transactions over a period of months rather than a hard cutover on October 16, 2003. A conference call with the State and their Fiscal Intermediary (FI) on January 6, 2004, confirmed that, while progress is being made, the State may not be HIPAA compliant for some transactions within the 2004 calendar year. Neither the Department of Health Services (DHS) nor the Department of Mental Health (DMH) can complete their HIPAA testing and execute compliant transactions in advance of the State and its FI. The State has consistently provided reassurance that Medi-Cal payments will not be disrupted. Providers will be allowed to process pre-HIPAA TCS formatted claims until advised otherwise.

County of Los Angeles Readiness – Department of Health Services

DHS TCS compliance should be viewed based on its three separate lines of business: (1) Hospitals and Clinics, (2) Public Health, and (3) the Office of Managed Care (OMC).

Hospitals and Clinics

DHS hospitals and clinics process the vast majority of their transactions through Accordis, a clearinghouse. Accordis is submitting Medicare inpatient and outpatient 837 claims using approved HIPAA compliant Transaction Code Set (TCS) information reflective of all-inclusive rate revenue codes. Accordis is also submitting Medicare non-hospital 837 claims to the FI (NHIC) and is now submitting live HIPAA compliant 837 claims.

Accordis will continue to submit Medi-Cal inpatient claims using both HIPAA compliant TCS information and local revenue codes, until February 1, 2004, when it will transition to HIPAA compliant codes reflective of all-inclusive revenue codes.

In the January 6, 2004, conference call with the State, Accordis indicated that the State did not anticipate processing HIPAA-compliant Medi-Cal outpatient 837 claims within the 2004 calendar year. The County has submitted a proposal for handling these claims, which the State continues to review.

DHS hospitals continue to question the need to produce the 837 Professional format to submit to OMC and that issue will be addressed in a meeting planned for late January 2004. A strategy has been developed for addressing the need for DHS hospitals to send HIPAA-compliant X.12 837 Institutional transactions to OMC, but it cannot be finalized until the 837 Professional issue is resolved. OMC has the capability to accept compliant 837 transactions from the hospitals, but this is a substantial change from present practice for the hospitals and will require time to implement.

Public Health

Of the three business lines, Public Health is the lowest risk area when considering the percentage of revenue and level of complexity of affected claims. Public Health is using a combination of an existing clearinghouse relationship and a small amount of custom programming to achieve HIPAA TCS compliance. The one serious constraint they face in achieving HIPAA TCS compliance is that the State is not prepared to accept compliant transactions. Since Public Health is submitting Medi-Cal outpatient claims, based on the January 6, 2004, conference call with the State, it is not anticipated that Public Health will be submitting compliant claims this calendar year. The County and the State will continue to work through the testing issues necessary to assure a reliable transition to HIPAA-compliant transactions and continue to process the pre-HIPAA formatted claims during this phase-in period.

Office of Managed Care (OMC)

As a health plan, OMC is required to have the capability to process the entire suite of HIPAA TCS specified transactions, including some they have never had an occasion to use in the past. As referenced above, OMC and DHS hospitals continue to work on transitioning from the current non-HIPAA formatted data exchange between parties to HIPAA-compliant transactions. Expanded use of clearinghouse processing is anticipated to be part of the solution, but the solution cannot be finalized until the 837 Professional claim requirement issue is addressed in the meeting scheduled later this month.

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There are additional HIPAA TCS transactions that are not used by any of OMC's current trading partners and therefore have not been tested or implemented. Under the enforcement guidelines issued by CMS, OMC can clearly demonstrate a good faith effort and clear progress towards compliance because they have certified the conformity of their transactions through a third-party certification agency.

OMC has informed its provider community that it will follow the CMS lead and invoke a contingency plan. The contingency plan allows trading partners to continue to process pre-HIPAA TCS formatted transactions during a transition period following October 16, 2003, to assure that business is not disrupted while OMC and its trading partners complete the testing necessary to assure a reliable transition to HIPAA compliant transactions.

County of Los Angeles Readiness – Department of Mental Health and Kirby Center Readiness

On November 24, 2003, DMH began production use of its Integrated System (IS) with Fee-for-Service providers. On January 5, 2004, DMH began production use of its Integrated System for retail pharmacy providers. The qualifier in both cases is that only a small subset of DMH contracted providers have begun to use the system in production, and then only with the Claim and Remittance Advice transactions. DMH will be notifying providers of additional support activities that they will sponsor to facilitate their transition to the new HIPAA compliant IS. Following completion of the planned support activities, DMH will notify providers of the termination date for the contingency plan period. This will require all providers to use the HIPAA compliant IS.

Sierra Systems, Inc., the developer of IS, will deliver the final piece of IS functionality, for Short-Doyle providers, on January 26, 2004, at which time four DMH-operated clinics will begin limited production use of the IS. Effective February 9, 2004, DMH will begin full production use of IS by Short-Doyle providers for services billed in billing periods beginning February 1, 2004 and thereafter. DMH contract providers and DMH management agreed that a conversion to the IS at the beginning of a billing period will reduce risk and the complexity of billing under two systems and two concurrent sets of rules. My office continues to monitor the IS implementation closely and will continue to keep your Board informed of progress and any further problems or issues that arise.

The delay in the implementation of the DMH IS has not jeopardized DMH revenue.

Summary

DHS and DMH HIPAA TCS compliance efforts remain constrained by the State's documented schedule for achieving HIPAA TCS compliance. DHS hospitals are processing HIPAA TCS-compliant Medicare claims and will be processing HIPAA TCS-compliant inpatient Medi-Cal claims effective February 1, 2004. The State is indicating that it will not process HIPAA-

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compliant Medi-Cal outpatient claims and remittance advice transactions this calendar year. This will prevent DHS hospital-based clinics and health centers and Public Health clinics and programs from completing their HIPAA TCS implementation.

OMC has invoked a contingency plan for those transactions for which testing with trading partners is not complete and anticipates no disruption in its ability to conduct business. OMC is also positioning itself to expand the use of HIPAA-compliant transactions based on requests from its trading partners.

DMH will be notifying providers of additional support activities that they will sponsor to facilitate their transition to the new HIPAA compliant IS. Subsequently, a notice will be sent to providers that the contingency plan period during which providers can continue to process non-compliant transactions will end by a designated date (to be established). The last component of IS functionality will go into limited production use on January 26, 2004, and full production use beginning on February 9, 2004.

Both DHS and DMH are continuing to conduct business with their trading partners and the State. There is no threat to Medi-Cal cash flow.

Each of the County's covered entities under HIPAA has documentation of their compliance activities and plans to complete their transition to full HIPAA TCS compliance. The regular reporting to your Board also documents our HIPAA status and the level of commitment to full compliance. Where County departments have implemented TCS Contingency Plans, this approach is intended to smooth the transition to HIPAA TCS by our trading partners or our providers.

The next HIPAA Status Report will be provided to your Board on February 20, 2004.

If you have questions or require additional information, please contact me at (213) 974-2008.

JWF:BG:ygd

Attachments

c: David E. Janssen, Chief Administrative Officer
Executive Officer, Board of Supervisors
County Counsel
Department Heads

Los Angeles County
Summary HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
DHS	Health Care Claim (837) Outbound	Outsource to Clearinghouse (Accordis)		Impatient - Yes Outpatient - No	Impatient - Yes Outpatient - No	Accordis (DHS Clearinghouse) is submitting Medicare inpatient and outpatient 837 claims using approved HIPAA compliant Transaction Code Set (TCS) information reflective of all-inclusive rate revenue codes. Accordis has completed their testing for submitting Medicare non-hospital 837 claims to the Fiscal Intermediary (NHIC) and is now submitting live HIPAA compliant 837 claims.
Hospitals and Associated Clinics	Remittance Advice (835)	Outsource to Clearinghouse (Accordis)				Accordis is finalizing their testing of HIPAA compliant 837 claims to the Medi-Cal Fiscal Intermediary (EDS). A conference call was held with the State and EDS on January 6, 2004 to finalize the necessary actions for implementing the submission of HIPAA compliant inpatient Medi-Cal claims with "from" service dates of February 1, 2004. The State will process the necessary paperwork to establish new contract and non-contract Medi-Cal inpatient provider numbers as well as all electronic biller authorization forms. On October 31, 2003, the County submitted a proposal to the State for processing Medi-Cal outpatient 837 HIPAA compliant claims. During the January 6, 2004 conference call, the State indicated that they will not be prepared to accept HIPAA compliant outpatient claims during this calendar year.
Eligibility Inquiry & Response (270/271)	QuadraMed Affinity/Provider Advantage 270/271					The Medi-Cal Fiscal Intermediary is generating both the non-HIPAA and HIPAA compliant remittance advices (RAs). In order for a provider to receive the HIPAA compliant RAs, they must submit new provider enrollment forms. DHS is in the process of preparing these forms for submission in order to obtain the HIPAA compliant RAs. Until the State terminates the non-HIPAA RAs, DHS plans to process both the non-HIPAA and HIPAA RAs since the non-HIPAA RAs contain additional information that does not reside on the HIPAA RAs.
DHS Public Health Clinics	Health Care Claim (837) Outbound	Outsource to Clearinghouse (Accordis)				The State continues to operate their non-HIPAA compliant Point-of-Service (POS) system for obtaining Medi-Cal eligibility information. The State has not officially announced when they will terminate the use of the POS system or what they will use to replace the system. As a result, DHS will continue to utilize the POS. For business purposes, DHS continues its efforts to install the necessary software to process HIPAA compliant 270/271 transactions. This process is expected to be operational before the State system is changed to become HIPAA compliant.
	Remittance Advice (835)	Paper				The administrative code sets have been implemented as scheduled on 10/16/03. Claims with service dates 09/22/03 and greater have been submitted to EDS and have been adjudicated.
						With regards to the implementation of national code sets, the State has not provided instructions on how to convert the local revenue codes to national codes. Therefore, until the information is received from the State, Accordis is unable to comply with HIPAA TCS regulations. It is believed that the tentative date to implement is by the first quarter of calendar year 2004. Beta testing has been completed with the State and Accordis has received notification that it passed all format testing.
						No change to existing process.

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Summary HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
DHS Alcohol and Drug Programs Administration	Health Care Claim (837) Outbound	Custom coded front-end upgrade to capture the HIPAA data elements. Accordis, a clearinghouse, will process the actual transaction.				On 10/8/03 the State Department of Alcohol and Drug Program (SADP) informed Accordis and ADPA that ADPA's 837P transaction test passed. As a result, ADPA has complied with the State - Partners Readiness to Test, Testing Complete, and Training phases. Regarding "In Production" phase, LA County is ready to submit the 837 outbound transaction to SADP, however, they have advised ADPA that due to the large volume of claims expected from Los Angeles, and also because of other Counties not being ready to send 837 submissions, SADP requested ADPA continue to submit transactions in pre-HIPAA format plus the same data in HIPAA-compliant 837 format for their verification. SADP has informed all Counties that besides 837 transactions, SADP will continue to receive the pre-HIPAA format claims until further notice.
	Health Care Claim (837) Inbound	Paper				No change to existing process.
	Remittance Advice Outbound (835)	Paper				No change to existing process.
	Remittance Advice Inbound (835)	Paper				No change to existing process (although the State is considering some changes in the future, after October 16, 2003).

Los Angeles County
Summary HIPAA Transactions and Code Sets Status

Attachment A

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
Health Care Claim (837) Inbound	Vendor (HMS) modifying PMS to accept HIPAA compliant claim transactions from their out-of-plan providers.					The X.12 837 transaction is certified by Claredi, but it has not yet been tested with trading partners. OMC will continue processing this transaction in pre-HIPAA format consistent with the contingency plan, or on paper, until trading partner testing is complete. OMC is currently coordinating testing with out-of-network hospitals and physicians. No negative impact to OMC business processes or revenue flow has occurred.
Health Care Encounter (837) Inbound	Translator will be acquired to handle this transaction; Using clearinghouse (DDD) to translate incoming proprietary format to HIPAA compliant format (837 encounter) to feed the OMC Data Warehouse					LA Care submits both the 837 Institutional (837I) and 837 Professional (837P) encounter transactions to the State and they have informed OMC executive staff that they expect OMC's Community Health Plan to submit both the 837I and the 837P. OMC does submit both the 837I and the 837P for non-DHS providers, but DHS providers submit only the 837I. The issue has been presented to DHS management and is expected to be addressed at a meeting in late January 2004. CHP will process this transaction in pre-HIPAA format consistent with the contingency plan until the mapping to e*Gate Software is complete. CHP is submitting compliant 837 I & P Encounters from DDD to LA Care from contracted non-DHS providers.
Health Care Encounter (837) Outbound	Vendor (HMS) will extract data from Data Warehouse and feed translator software to produce HIPAA compliant					No negative impact on business processes or revenue flow is anticipated.
Remittance Advice (835) Outbound	Vendor (HMS) modifying PMS to produce HIPAA compliant transactions					DHS's Information Services Branch Data and Information Services Division is working with HMS to complete configuration of the X.12 software and testing of the transactions. Projected completion is March 2004. LA Care has stated that they will continue to support the pre-HIPAA format for a minimum of six months. No negative impact on business processes or revenue flow is anticipated.
Health Care Enrollment and Disenrollment (834)	Vendor (HMS) modifying PMS to produce HIPAA compliant transactions					The X.12 835 transaction is certified by Claredi, but it has not yet been tested with trading partners. DHS will continue processing this transaction in pre-HIPAA format consistent with the contingency plan until trading partner testing is complete. No negative impact on business processes or revenue flow has occurred.
DHS Office of Managed Care (OMC)						OMC successfully tested the 834 transaction with Universal Care. Testing continues with other trading partners. OMC is able to process a compliant X.12 834 transaction as of October 16, 2003. State DHS did not meet the compliance deadline of 10/16/03 for this transaction except for the Healthy Families Program, which stated they are in "material compliance." DHS currently provides its eligibility roster electronically to certain plan providers, including DHS facilities. OMC is seeking a legal opinion as to whether this must be done in a HIPAA X.12 format. Neither the 271 nor the 834 are designed for this purpose, but if required, OMC will implement an 834 format. OMC is actively testing data received from Healthy Families' new data vendor, Maximus, as well as LA Care, for Medi-Cal.
Premium Payment Order / Remittance Advice (820)	The solution will require either a clearinghouse or the use of an X.12 translator.					The Healthy Families Program (HFP) is changing its Administration vendor in January 2004 and will not implement the ANSI X.12 820 transaction until after the change. HFP stated that the 820 electronic file they currently distribute is "materially compliant." The necessity for OMC to receive an X.12 820 transaction is settled and the need to generate an outbound 820 is being investigated. The LA County Treasurer and Tax Collector (TTC) and the CAPS system are the recipients of the inbound 820, so there is the potential to impact their operations and the CAPS system. Approaches that minimize the impact on the TTC are preferred. Until those issues are resolved, DHS will continue to process transactions in pre-HIPAA format. No negative impact on business processes or revenue flow is anticipated. OMC IT met with Dave Beck and Bonita Taylor from OMC finance and a decision was made to program the PMS system to accept the 820 transaction. MRMIB, who had previously reported that they would be able to send the 820 in February 2004, now states that they will be ready to test the 820 in February.
Eligibility Inquiry & Response (270/271)	Vendor (HMS) modifying PMS to produce HIPAA compliant transactions					HMS completed testing with Claredi on 8/14/03. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions; hence there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred.
Claim Status Summary (276/277)	Vendor (HMS) modifying PMS to produce HIPAA compliant transactions					HMS completed testing with Claredi on 9/17/03. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions; hence there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred.
Health Care Service Review (278)	Vendor (HMS) modifying PMS to produce HIPAA compliant transactions					HMS completed testing with Claredi on 9/19/03. Trading partners have been contacted, but to date no providers have expressed an interest in using these transactions; hence there has been no testing with trading partners. No negative impact on business processes or revenue flow has occurred.
NCPDP	Pharmacy Benefit Management Contractor					Contractor (PCN) responsible for HIPAA Compliance of NCPDP transactions.

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Summary HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
DHS California Childrens Services	Health Care Claim (837) Outbound	In-house development of 837 transaction output				Submission from 10/17/03 was accepted and processed successfully by EDS. Check received 10/29/03 from state for 837 submission.
	Health Care Claim (837) Inbound	Paper				No Change to existing process. (i.e., providers submit paper claims; CCS staff enters claim information into ACMS).
	Remittance Advice (835)	Vendor (EDS) supplied via website				The 835 messages were downloaded from web site on 10/21/03 and 10/28/03. Remittance Advice Report created from 835s and sent to CCS finance.
	NCDP	Paper				No change to existing process.

Los Angeles County
Summary HIPAA Transactions and Code Sets Status

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
Health Care Claim (837) - Fee-for-Service Providers	Integrated System - Wrapper of FFS (EDS)					The DMH will continue testing compliant 837 transactions with the State until the transaction is certified, expected later in January. DMH has been testing compliant 837 transactions with the State since November 24, 2003 for the Fee-For-Service (FFS) Network Providers via the Integrated System. Only a limited number of Fee-for-Service Providers are conducting HIPAA-compliant transactions via the Integrated System. The rest are submitting non-compliant information directly into the EDS System. DMH is publishing additional provider updates and sponsoring additional instructional sessions to support the provider's full implementation of HIPAA TCS.
Health Care Claim (837) - Short Doyle Providers	Integrated System - Wrapper of MHMIS					The DMH will continue testing compliant 837 transactions with the State until the transaction is certified, expected later in January. The Department intends to begin full-production processing of the 837 for Short-Doyle providers beginning on February 9, 2004.
Health Care Enrollment and Disenrollment (834) Free-for-Service Providers	Integrated System - Wrapper of FFS (EDS) and MHMIS					DMH has had the Integrated System (IS) ready to exchange the X.12.834 HIPAA transaction with Fee-for-Service network trading partners since November 24, 2003. However, provider implementation and use of the IS has been slow. DMH is publishing additional provider updates and sponsoring additional instructional sessions to promote and support the provider's use of the IS. State compliance status is not relevant to or a constraint on this transaction.
Health Care Enrollment and Disenrollment (834) Short Doyle Providers	Integrated System - Wrapper of MHMIS					DMH will use the Integrated System (IS) to exchange the X.12.834 HIPAA transaction with Short-Doyle providers by February 9, 2004. State compliance status is not relevant to or a constraint on this transaction. No negative impact on business processes or revenue flow is anticipated.
Remittance Advice (835) - Fee-for-Service Providers	Integrated System - Wrapper of FFS (EDS) and MHMIS					The Integrated System is processing the X.12.835 transaction for Fee-for-Service Providers, however, a very limited number of trading partners are actively participating. They continue to process non-compliant transactions for those providers not yet using the Integrated System. As mentioned above, DMH is publishing additional provider updates and sponsoring additional instructional sessions to support the provider's full use of the IS and implementation of HIPAA TCS.
Remittance Advice (835) - Short Doyle Providers	Integrated System - Wrapper of MHMIS					The Integrated System will begin full-production processing of the X.12.835 transaction with Short-Doyle providers on February 9, 2004. The State has purchased and installed translation software and reported a plan to conduct compliant 835 transactions by November 2003, but testing has not been finalized. DMH continues testing the 835 transaction with the State. DMH will continue to process transactions in pre-HIPAA format until the State is ready. No negative impact on business processes or revenue flow is anticipated.
Eligibility Inquiry & Response (270/271) - Fee-for-Service Providers	Integrated System - Wrapper of MHMIS					The Integrated System has been processing HIPAA compliant X12.270 and 271 transactions with Fee-for-Service Network Providers since November 24, 2003. Medi-Cal will not support HIPAA compliant eligibility transactions this year. IS has been modified to process compliant 270/271 for local trading partners and non-compliant format State transactions. DMH is managing the risk that the State may experience some difficulty in providing necessary eligibility data to Counties. DMH will continue to process transactions in pre-HIPAA format with the State until the State is ready with a compliant 270/271 transaction. No negative impact on business processes or revenue flow is anticipated.
DMH Department of Mental Health						
Authorization (278) - Fee-for-Service Providers	Integrated System - Wrapper of MHMIS					The Integrated System will be available for internal DMH use on January 26, 2004; full-production processing of HIPAA compliant X12.270 and 271 transactions with Short-Doyle providers will begin February 9, 2004. IS has been modified to process compliant 270/271 for local trading partners and non-compliant format State transactions. DMH is managing the risk that the State may experience some difficulty in providing necessary eligibility data to Counties. DMH will continue to process transactions in pre-HIPAA format with the State until the State is ready with a compliant 270/271 transaction. No negative impact on business processes or revenue flow is anticipated.
						The Integrated System is currently processing X12.278b transactions with Fee-for-Service network providers. State Medi-Cal will not support compliant authorization transactions this year. DMH will continue to process transactions in pre-HIPAA format in the meantime. No negative impact on business processes or revenue flow is anticipated. The 278 has been tested and functions properly for the Fee-for-Service providers that were brought live November 24, 2003.

**Los Angeles County
Summary HIPAA Transactions and Code Sets Status**

Organization	Transactions	Compliance Strategy	County Complete & Ready To Test With Trading Partner	Trading Partner Testing Complete	Transaction in Production Use	Comments
Authorization (278) - Short Doyle Providers	Integrated System - Wrapper of MHMIS					The Integrated System will be available for internal DMH use on January 26, 2004; full-production processing of HIPAA compliant X.12.278 transactions with contract and directly operated Short-Doyle providers will begin on February 9, 2004. State Medi-Cal will not support compliant authorization transactions this year. DMH will continue to process transactions in pre-HIPAA format in the meantime. DMH must conduct additional tests of the 278 transaction for Short-Doyle providers to be brought live February 9, 2004 because the application of the transaction is slightly different than the Fee-for-Service version. No negative impact on business processes or revenue flow is anticipated.
Health Care Claim Status Summary (276/277) Fee-for-Service Providers	Integrated System - Administrative Transactions					DMH is presently offering the 276 and 277 X12 transactions to Fee-for-Service network providers who are using the integrated System. State Medi-Cal will not support compliant status reporting transactions this year. The complexity of managing compliant local data without corresponding State transactions will introduce minimal risk. No negative impact on business processes or revenue flow is anticipated.
Health Care Claim Status Summary (276/277) Short-Doyle Providers	Integrated System - Administrative Transactions					The Integrated System will be available for internal DMH use on January 26, 2004; full-production processing of HIPAA compliant X.12.276/277 transactions with contract and directly operated Short-Doyle providers will begin on February 9, 2004. State Medi-Cal will not support compliant status reporting transactions this year. The complexity of managing compliant local data without corresponding State transactions will introduce minimal risk. No negative impact on business processes or revenue flow is anticipated.
NCPDP	Integrated System - Wrapper of MHMIS					DMH implemented the capability of processing compliant pharmacy NCPDP transactions on January 5, 2004, through the IS. However, pharmacy providers have not completed testing and therefore have not begun using the IS.

LEGEND:

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|---|
| Step complete |
| Not complete for reasons beyond the control of County |
| Not complete |